



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney's Docket No. 157
Applicant or Patentee: Chris Buhr et al
Serial or Patent No.: 07/652,978
Filed or Issued: February 8, 1991
For: Methylene Phosphonate Oligonucleotide Analogs and Nucleosides
Commissioner of Patents and Trademarks Washington, D.C. 20231 AMENDMENT TRANSMITTAL
1. Transmitted herewith is an amendment for this application.
STATUS
2. Applicant is
x a small entity - verified statement:
attached.
x already filed.
other than a small entity.
CERTIFICATE OF MAILING (37 CFR 1.8 (a)) I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.
Robin Torres
Date: December 9, 1993 (Type or print name of person mailing paper) (Signature of person mailing paper)

EXTENSION OF TERM

		an extension of time under 37 (al number of months checked b	· ·
	Extension (months)	Fee for other than small entity	Fee for small entity
K	one month	\$110.00	\$55.00
J	two months	\$360.00	\$180.00
	three months	\$840.00	\$420.00
]	four months	\$1,320.00	\$660.00
		Fee \$	55.00
n ad		months has alread	consider this a petition the dy been secured and the fee ed from the total fee due for the
	paid therefor of \$ total months of extension		
	paid therefor of \$ total months of extension		quest \$

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMAL	L ENTITY			R THAN A L ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	* 33	MINUS **	30	=3_	X11=	\$ 33		X22=	\$
INDEP.	• 6	MINUS	7	= 0	X37=	\$ 0		X74=	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +115= \$ +230= \$									
				ADD	TOTAL IT. FEE	\$ 33	OR	TOTAL ADDIT. FEE	\$
(c)	No additio	nal fee for	claims is requ	iired.					
	OR								
(d)	x Total additional fee for claims required \$ 33.00								
FEE PAYMENT									
5.	Attached i	s a check i	n the sum of	\$					
	X Charge A	ccount No.	07-1250		_ the s	sum of \$	88.00		
A duplicate of this request is attached.									
FEE DEFICIENCY									
6.	x If any add	itional exte	nsion and/or	fee is requ	ıired, ch	arge Acc	ount N	o. <u>07-</u>	1250

AND/OR

X	If any additional	extension fee for claims	is required, charge Account	No. <u>07-1250</u>
Reg. N	o. 36,616	-	Dary D Mu SIGNATURE OF AGENT	enchan
Tel. No	.: (415) 573-47	712	Daryl D. Muenchau	
			Type or print name of agent	
			Gilead Sciences, Inc.	
		-	353 Lakeside Drive P.O. Address	
			1.0. //44/000	
		•	Foster City, CA 94404	